

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bd)

12070

CERTIFICATE OF DEATH

Reg. Diat. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? lifeHospital, Institution, or street address where death occurred: Near Chestnut Grove

How long in hospital or institution?

3. (a) FULL NAME

Raymond J. Andrew

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Elizabeth AndrewB. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.)

September 9, 1898

8. AGE:

Years 47Months 3Days 3

If less than one day

hrs. .min. .

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

FATHER

12. Name

William J. Andrew

MOTHER

13. Birthplace

Caroline County, Maryland

14. Maiden name

Sarah Ellen Baker

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Elizabeth Andrew

Address

Federalsburg, Maryland, R.T.D.

17. Burial

Date thereof December 15 1945
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland

19. December 15 1945

S. S. Frampton
(Date rec'd by registrar)
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Chestnut Grove
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1945, at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2 1942 to December 12 1945,end that I last saw him alive on December 12 1945

Immediate cause of death

Coronary occlusion

DURATION

few months

Due to

Due to

Other conditions Chronic myocarditiswith Cardiac Hypertrophy

(Include pregnancy within 3 months of death)

4 years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

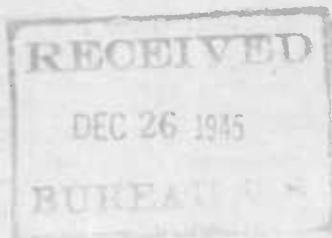
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Denton, Md Date signed 12/17/45



Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

12071

CERTIFICATE OF DEATH

Reg. Dist. No. 66

FILM NO.

100 JAN 11 1946

1. PLACE OF DEATH:

Caroline

County

Ridgely Rural

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long to above place of death? 41 years

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Sister Mary Magdalene Arnold

3. (b) Social Security Number

4. Sex

f

5. Color or race

w

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1854

6. (c) If alive, give age

years

8. AGE:

91

90

3

Days

If less than one day

hrs.

min.

9. Birthplace

Germany

(Town, county, and state)

10. Usual occupation

Retired Sister.

11. Industry or business

Christopher Arnold

12. Name

Germany

13. Birthplace

Mary Ann Roberts

14. Maiden name

Germany

15. Birthplace

Mother Hiedberg

16. Informant

The Plains Ridgely Md.

Address

Burial

(Burial, cremation, or removal, which)

Date thereof

(month) (day) (year)

Cemetery or crematory

The Plains

Location

Ridgely Md.

18. Funeral director

Raymond F. Rawlings

Address

Leesburg Md.

Dec 28 1945

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Caroline

City or town

Ridgely

Md

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 27

1945

at 5A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 21

1945

to Dec. 27

1945

and that I last saw her alive on

Dec. 23

1945

Immediate cause of death

cerebral hemorrhage

DURATION

5 days

Due to

Due to

Other conditions

uterus relaxis

5 yrs.

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

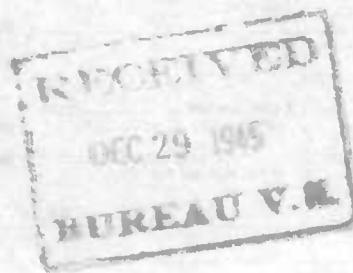
Paul Korth Esq.

M. D. or other

Address

Denton Md.

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

12072

64

Reg. Dist. No.

1. PLACE OF DEATH:

County AnolineCity or town Federalburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 monthsHospital, Institution, or street address where death occurred: Senton Road

How long in hospital or institution?

3. (a) FULL NAME

Lillian J. Blanche

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

B.(b) Name of husband or wife

John Blanche

B.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

April 25, 1878

8. AGE:

Years
67Months
7Days
17

If less than one day

hrs. min.

9. Birthplace

Sussex County, Delaware

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name Jonathan Hile13. Birthplace Sussex County, Delaware14. Maiden name Sarah Reynolds15. Birthplace Sussex County, Delaware

16. Informant

Mrs. Lewis A. Hastings

Address

Seaford, Delaware, P. O. D.

17. Burial

Date thereof December 27 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Union Grove Cemetery

Locallion

near Preston, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

December 24 1945

1945

(Date rec'd by registrar)

J. J. Frampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolinaCity or town Federalburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Senton Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1945 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

12/141945to Dec 14 -1945and that I last saw her alive on Dec 14 194519451945

Immediate cause of death

Cerebral Hemorrhage 10 days
Hypertension

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

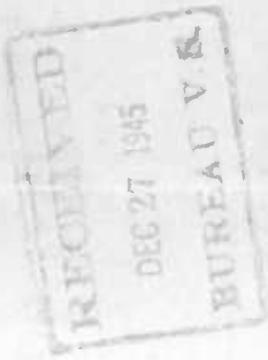
Injured at work?

23. SIGNATURE

Frank W. Anderson M.D.

M. D. or other

Address Federalburg, Md. Date signed 12/24/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

12073

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex 5. Color or race 6. (c) Single, married, widowed, or divorced

6. (b) Name of husband or wife..... *Amelia Blaugh*

7. Birth date of deceased (mo., day, yr.) *Feb. 21st 1871*

8. AGE: Years *74* Months *9* Days *9* If less than one day
hrs. min.

9. Birthplace *Bethelton Penn.*
(Town, county, and state)

10. Usual occupation *at home*

11. Industry or business *Lillian Shaffer*

MOTHER FATHER 12. Name *Lillian Shaffer*
13. Birthplace *Penn.*

14. Maiden name *Lillian Shaffer*

15. Birthplace *Penn.*

16. Informant *Mrs. Lebaron Wood*

Address *Bd. Deutan. Md.*

17. Buried *Buried* Date thereof *12-25-45*
(Burial, cremation, or removal. Which?)

Cemetery or crematory *Deutan Cemetery*

Location *Deutan 2nd*

18. Funeral director *J. Kriegler*

Address *Deutan 2nd*

19. *12/24 1945* (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State *Md.* County *Charles*

City or town *Deutan* (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH *Dec. 21st 1945* at *4:30 p.m.*

I CERTIFY that death occurred on the date above stated; that I attended deceased from *Dec. 6 1944* to *Dec. 21 1945* and that I last saw her alive on *November 29 1945*

Immediate cause of death *Adenoidal Carcinomatosis metastatic*

Due to *Cancer of breast.*

Due to *3 years*

Other conditions *on year*

(Include pregnancy within 8 months of death)

Major findings of operations *Carcinoma of breast*
Date of op. *Feb. 1943*

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE *Paul Throth M.D.*

M. D. or other

Date signed *12/23/45*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4804

12074

CERTIFICATE OF DEATH

Reg. Diet. No. 63

1. PLACE OF DEATH:

County..... Caroline

City or town..... Grove

(If outside city or town limits, write RURAL and give nearest town)

13 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Bertha E. Collins

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife..... W. E. Collins

7. Birth date of deceased (mo., day, yr.) June 8, 1883

6.(c) If alive, give age

years

8. AGE: Years Months Days If less than one day

62 6 16 hrs. min.

9. Birthplace..... Choptank, Md.

(Town, county, and state)

Housewife

10. Usual occupation.....

11. Industry or business.....

12. Name..... Chas. Perry

13. Birthplace..... Maryland

14. Maiden name..... Sarah Essler

15. Birthplace..... Maryland

16. Informant..... W. E. Collins

Address..... Preston, Md.

17. Burial..... Date thereof..... Dec. 27th 45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Grove

Location..... Grove

18. Funeral director..... W. H. Hollis & Son

Address..... Preston, Md.

19. Dec. 27 1945
(Date rec'd by registrar) C. D. Plummer
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Caroline

City or town..... Grove

(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 24 1945 at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1945 to Dec. 24 1945

and that I last saw her alive on December 24 1945

Immediate cause of death..... Cancer of general abdomen

Cervix & generalized metastasis

DURATION

6 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations..... Diagnosis D.C.

Cancer of cervix Date of op. Dec. 24, 1945

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

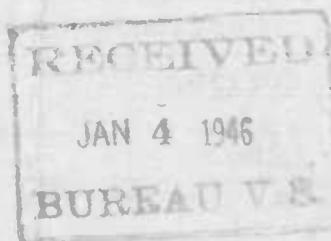
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Frank J. Odean, M.D.

M. D. or other

Address..... Federalburg, Md. Date signed Dec. 26, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

12075
64

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CarolineCity or town Denton Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, Institution, or street address where death occurred:
Near Fairleys

How long in hospital or institution?

3. (a) FULL NAME

Albert Cook

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife.....

Rosie Cook

7. Birth date of deceased (mo., day, yr.)

October 8, 1866

6. (c) If alive, give age..... years

8. AGE:

Years
79Months
2Days
18

If less than one day

.... hrs. min.

9. Birthplace.....

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation.....

Day laborer

11. Industry or business

FATHER

12. Name.....

William Cook

MOTHER

13. Birthplace

Caroline County, Maryland

14. Maiden name.....

No data available

15. Birthplace

16. Informant.....

Address

Denton, Maryland, U.S.A.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof December 29, 1945
(month) (day) (year)

Cemetery or crematory

Rose Chapel Cemetery

Location

Near Federalsburg, Maryland

18. Funeral director.....

J. J. Frampton and Son

Address

Federalsburg, Maryland

19. Date rec'd by registrar

December 29, 1945S. J. Frampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Fairleys
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1945, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 26 1945, to Dec. 26 1945and that I last saw him alive on Dec. 26 1945

Immediate cause of death.....

Cerebral hemorrhage

DURATION

1 day

Due to.....

Hypertension

?

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

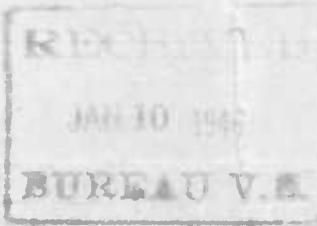
Injured at work?

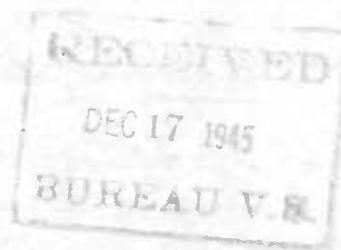
23. SIGNATURE.....

A. H. Small

M. D. or other

Address Denton Md Date signed 12/29/45





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

12077

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yearsHospital, institution, or street address where death occurred: Academy AvenueHow long in hospital or institution? 1

3. (a) FULL NAME

Anna M. England

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

S. Gatchall England

6.(c) If alive, give age

years

7. Birth date of deceased (mo. day, yr.)

April 7, 1849

8. AGE:

Years
96Months
8Days
15If less than one day
hrs. min.

9. Birthplace

Calvert, Cecil County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name Cloud Person13. Birthplace Cecil County, Maryland14. Maiden name Rebecca Roberts15. Birthplace Hockessin, Pennsylvania

16. Informant

Mrs. Thomas S Holt

Address

Federalburg, Maryland

17. Burial

(Burial, cremation, or removal. Which?) Date thereof December 26 1945
(month) (day) (year)

Cemetery or crematory

Rosebank Cemetery

Location

Calvert, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland19. December 24 1945
(Date rec'd by registrar)S. J. Frampton
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. Academy Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

December221945

at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 21 1945to Dec 22 19451945and that I last saw her alive on Dec 22 19451945

Immediate cause of death

change in condition

DURATION

10 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

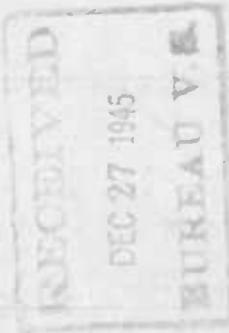
Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.

M. D. or other

Address Federalburg, Md Date signed 12/24/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12078

64

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yearsHospital, Institution, or street address where death occurred:
Reliance Road

How long in hospital or institution?

3. (a) FULL NAME

William R. Handy4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced
MarriedB.(b) Name of husband or wife Sarah Handy7. Birth date of deceased (mo., day, yr.) March 17, 1868 6. (c) If alive, give age 71 years8. AGE: Years 77 Months 8 Days 22 If less than one day
hrs. _____ min. _____9. Birthplace Kent County, Delaware
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business FarmFATHER 12. Name No data available

13. Birthplace

MOTHER 14. Maiden name No data available

15. Birthplace

16. Informant Mrs. Sarah HandyAddress Federalsburg, Maryland, P.T.O.17. Burial Date thereof December 11, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hill Crest CemeteryLocation Federalsburg, Maryland18. Funeral director J. J. Frampton and SonAddress Federalsburg, Maryland19. December 10, 1945 (Date rec'd by registrar) J. J. Frampton Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Reliance Road
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

220-12-1414

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 9, 1945 at 2 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 8, 1945, to Dec. 9, 1945and that I last saw h.s.m. alive on Dec. 9, 1945 1945

Immediate cause of death

Fibroid tuberculosis DURATION unknown

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Frank M Anderson MDM. D. or other _____
Address Federalsburg, Maryland Date signed 12/10/45

RECEIVED
DEC 17 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

12080

CERTIFICATE OF DEATH

Reg. Dist. No.

63

1. PLACE OF DEATH:
County..... Caroline
City or town..... Bethlehem

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME William R. Hopkins

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1891

8. AGE: Years	Months	Days	If less than one day
54	10	17	hrs. min.

8. Birthplace..... Bethlehem Md.
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business..... Nursery
12. Name..... Samuel R. Hopkins13. Birthplace..... Maryland
14. Maiden name..... Mollie Kinnaman15. Birthplace..... Maryland
16. Informant..... Philip E. Hopkins

Address..... Preston, Md.

17. Burial..... Date thereof..... Jan. 1, 1946
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Jr. O. U. A. M.

Location..... Preston, Md.

18. Funeral director..... W. H. Hollis & Son
Address..... Preston, Md.19. Dec. 31..... 1945..... C. W. Plummer
(Date rec'd by registrar)..... Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Rural - Bethlehem

(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number
216-14-2970

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 29..... 1945 at 11 A.M.
Dec. 29..... 1945

and that I last saw h... a... alive on Dec. 28..... 1945

Immediate cause of death..... Cerebral Hemorrhage -

atrocis due to Atherosclerosis of Cecum.....
of Cecum.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Adenocarcinoma of Cecum

Cecotomy performed..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... C. W. Plummer
M. D. or other

Address..... Preston..... Date signed 12/10/45

RECEIVED

JAN 4 1946

BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

Reg. Dist. No. 62

12081

1. PLACE OF DEATH:
 County..... Caroline
 City or town..... Choptank - Preston R. F. D.
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Full life
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
 State..... Md. County..... Caroline
 City or town.....
(If outside city or town limits, write RURAL and give nearest town)
 Street No.....
(If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME
 Kelly Hubbard

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 16, 1865

6. (c) If alive, give age..... years

8. AGE: Years 80 Months 5 Days 12 If less than one day hrs. min.

9. Birthplace..... Preston Md. R. F. D.

(Town, county, and state)

10. Usual occupation..... House work

11. Industry or business.....

FATHER

12. Name..... Foulton Hubbard

MOTHER

13. Birthplace..... Md.

14. Maiden name..... Christina Blades

15. Birthplace..... Maryland

16. Informant..... Mrs. M. E. Lewis

Address..... Preston Md. R. F. D.

Burial

17. (Burial, cremation, or removal. Which?) Cemetery or crematory..... Choptank Cemetery

Date thereof..... Dec. 29, 1945

(month) (day) (year)

Location..... Choptank Md.

18. Funeral director..... Harvey Williamson

Address..... Federalsburg Md.

19. Dec. 29 1945 (Date rec'd by registrar)

C. W. Plummer

Registrar

3. (b) Social Security Number..... None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec. 29 1945 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1945 to Dec. 20 1945 and that I last saw her alive on Dec. 20 1945

Immediate cause of death..... Apoplexy

In sufficient air,

Due to..... Chronic nephritis

DURATION

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... J. G. Frazer

M. D. or other

Address..... Hurlock Md.

Date signed..... 12/29/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9D

CERTIFICATE OF DEATH

Reg. Dist. No. 12682

1. PLACE OF DEATH

County CarolineCity or town Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles E Manspeaker

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Cora

6.(c) If alive, give age

years

7. Birth date of

deceased (mo., day, yr.)

May 1, 1868

8. AGE:

Years
77

Months

Days

If less than one day

hrs. min.

9. Birthplace

Bedford Co. Penn.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Charles E Manspeaker

12. Name

Charles E Manspeaker

13. Birthplace

Penn.

14. Maiden name

Unknown

15. Birthplace

Penn.

16. Informant

Mrs. Edward Cobell

Address

Henderson, Md.

17. Burial

BurialDate thereof Jan. 3, 1946

(month) (day) (year)

Cemetery or crematory

Greensboro

Location

Greensboro, Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Md.

19. Date rec'd by registrar

Jan. 2, 1946 L. M. P. J.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County

CarolineCity or town Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31

1945 at 10:10A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 30 1945 to Dec 31 1945and that I last saw him alive on Dec 31 1945

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 day

Due to Cerebrovascular - Cerebral -Vascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. H. Manspeaker, Jr.

M.D. or

or

Address Greensboro, Md. Date signed Jan. 2, 1946

RECEIVED
JAN 4 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3d

12083

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, Institution, or street address where death occurred:

Academy Avenue

How long in hospital or institution? 0

3. (a) FULL NAME

Ollie H. Nuttle

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Edward E. Nuttle

7. Birth date of deceased (mo., day, yr.) October 10, 1874 8. (c) If alive, give age — years

8. AGE: Years Months Days If less than one day
71 1 26 hrs. min.

9. Birthplace Caroline County, Maryland

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name William T. Hignutt

13. Birthplace Caroline County, Maryland

14. Maiden name Sallie E. Hubbard

15. Birthplace Caroline County, Maryland

16. Informant Everett Nuttle

Address Federalsburg, Maryland

17. Burial Date thereof December 9, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Sons

Address Federalsburg, Maryland

19. December 9, 1945 S. S. Frampton

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. Bloomingdale Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1945 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1st 1945 to Dec 6th 1945 and that I last saw her alive on Dec 6th 1945

Immediate cause of death

Acute Pulmonary Edema 1 hr.

DURATION

Malignant Hyperplasia S. 920 of cervix in ovaries

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Enders, M.D.
Federalsburg, Maryland Date signed 12/10/45

M. D. or other

RECEIVED

DEC 17 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2084-24

1. PLACE OF DEATH:

County CarolineCity or town Preston Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 hoursHospital, Institution, or street address where death occurred: HarmonyHow long in hospital or institution? 7

3. (a) FULL NAME

Dennis James Sinclair4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife: _____

7. Birth date of deceased (mo., day, yr.) December 3, 1945 6.(c) If alive, give age _____ years8. AGE: Years - Months - Days - If less than one day 3 hrs. - min. -9. Birthplace Preston, Maryland, R.F.D.
(Town, county, and state)10. Usual occupation: Sgtant11. Industry or business: -FATHER 12. Name Archie Sinclair
13. Birthplace Oxford, MarylandMOTHER 14. Maiden name Oreida Wright
15. Birthplace Hullock, Maryland16. Informant Archie SinclairAddress Preston, Maryland, R.F.D.
Date thereof Dec. 3 1945 (month) (day) (year)17. Burial (Burial, cremation, or removal? Which?) Burial Cemetery or crematory Hill Crest CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Fraughton and Son
Address Federalburg, Maryland19. Date rec'd by registrar December 3 1945 S. J. Frazertown
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Harmony
(If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1945 at 9:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19,and that I last saw h. alive on 19.Immediate cause of death Pneumonia- 7 month baby -Due to pneumonia in mother DURATION 2 days

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

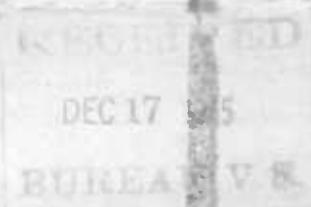
Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W.C. Harrison MD M. D. or other _____Address Hullock, Md. Date signed 12/3/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1226

12079

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County

City or town

*Cape George**New Castle*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *20 years*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Buster Arthur Thuns

THUNS

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*m**wh.**married**THUNS*

6. (b) Name of husband or wife

Elizabeth Thuns

7. Birth date of deceased (mo., day, yr.)

*Jan 29th 1875*6. (c) If alive, give age *68* years

8. AGE:

Years

Months

Days

If less than one day

*70**11**26**hrs. min.*

9. Birthplace

Germany

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

not from

12. Name

Germany

13. Birthplace

Germany

14. Maiden name

Carolina

15. Birthplace

Germany

16. Informant

Mrs. Elizabeth Thuns

Address

Ed. Weston

17. Burial

Cremation

or removal (which?)

Date thereof

12-28-45

(month) (day) (year)

Cemetery or crematory

18. Location

Cape George

19. Funeral director

Virgil Moore

Address

Denton

20. Date rec'd by registrar

12/27

1945

Injury

Means of Injury

Injured at work?

21. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

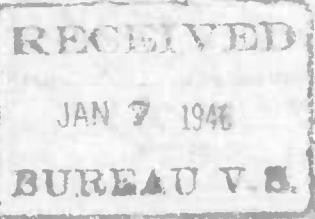
Denton

Address

Date signed

12/27/45

M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

CERTIFICATE OF DEATH

128862
Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....*10 years*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<i>mr</i>	<i>Dr.</i>	<i>married</i>

*John Richard Farmer*6. (b) Name of husband or wife.....*Susanna Dill*7. Birth date of deceased (mo., day, yr.) *Dec. 30th 1878*8. AGE: Years *67* Months *7* Days *17* If less than one day *hrs. min.*9. Birthplace *Caroline County, Md.*
(Town, county, and state)10. Usual occupation *Retired Farmer*

11. Industry or business

12. Name *Richard Farmer*13. Birthplace *Caroline County, Md.*14. Maiden name *Caroline Farmer*15. Birthplace *Maryland*16. Informant *Mr. John Farmer*Address *Bd. DeLancey St. New York*17. Burial (Burial, cremation, or removal) Which? *Buried* Date thereof *2-20-45*
(month) (day) (year)Cemetery or crematory *Baltimore Cemetery*Location *Benton Rd.*18. Funeral director *J. Virgil Moore & Son*Address *Benton Rd. Baltimore, Md.*19. (Date rec'd by registrar) *12/20* (Year) *45* Registrar *Miss A. George*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.*County *Caroline*City or town *Denton* (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec. 17*

1945 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Feb 7 1942 to Dec 17 1945*and that I last saw him alive on *December 16 1945*Immediate cause of death *General Paroxysmal**Paroxysmal*

DURATION

*18 hrs.*Due to *arteria pulmonis**4 years*

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *Paul Roth M.D.*

M. D. or other

Address *Denton Md.*Date signed *12/29/45*

